"Bridging the Gaps"
In Rural Alabama

(WC Docket No. 02-60)

TABLE OF CONTENTS

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CLARKE PLACE DAY PROGRAM
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EVERGREEN, AL 36401
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ATMORE ACTIVITY CENTER
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ATMORE, AL 36502
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BREWTON OUTPATIENT CENTER
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BREWTON, AL 36426
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ESCAMBIA ACTIVITY CENTER
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BREWTON, AL 36426
PHONE: (251) 867-7683

PINEVIEW APARTMENTS
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BREWTON, AL 36426
PHONE: (251) 867-6287

MONROE COUNTY

ADMINISTRATIVE OFFICES
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OUTPATIENT CENTER
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MONROEVILLE, AL 36461
PHONE: (251) 575-4837

ACTIVITY CENTER
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PHONE: (251) 743-3820

Candace Harden
Executive Director
Southwest Alabama Mental Health
328 W. Claiborne Street
Monroeville, AL 36460

May 1, 2007

Office of the Secretary
Federal Communications Commission
9300 East Hampton Drive
Capitol Heights, MD 20743

Re: WC Docket No. 02-60, Rural Health Care Pilot Program

To Whom It May Concern:

Southwest Alabama Mental Health & Mental Retardation Board, Inc., East Central Mental Health & Mental Retardation, Inc., South Central Alabama Mental Health Board
West Alabama Mental Health Center and Charles Henderson Children's Center would like to thank you for this opportunity to join together to form a regional broadband network that will facilitate regional collaborative services to large portion of rural South Alabama. Having access to advanced telecommunications and information services will enable unprecedented collaborations amongst agencies which would greatly improve services to our communities and enhance our ability to provide a rapid and coordinated response in national crisis. Without this program we would be many years away from being able to accomplish an effort of this magnitude.

Request our proposal be treated with confidentiality due to the competitiveness of the program. Our proposal is not however, contingent on confidentiality. Therefore, if confidentiality can not be afforded, we would like to continue to be considered for the program.

Again, thank you for the opportunity to participate in the Rural Health Care Pilot Program. Questions relating to our proposal can be directed to me at
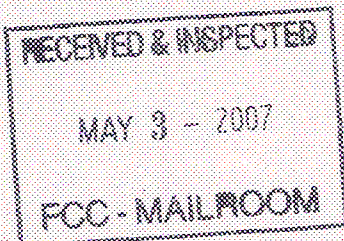
Serving Clarke, Conecuh, Escambia and Monroe Communities Since 1972
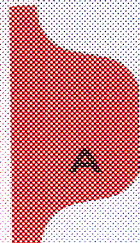
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List ABCDE

(251) 575-4703. **Your consideration** of **our package will be greatly appreciated.**

Sincerely,

Candace Harden.
Executive Director
Voice: (251) 575-4203
Fax: (251) 575-9459

Southwest Alabama
Community Mental Health

P. O. Box 964
Monroeville, Alabama 36461
Phone 251-575-4203   Fax 251-575-9459

LETTER OF PARTICIPATION
Collaboration Agreement

The Southwest Alabama Mental Health/Mental Retardation Board, Inc. will serve as the organization that **will** be legally and financially responsible for the participating mental health agencies and other non-profit organizations applying for the Rural Health Care (RHC) Pilot Program. It will be its responsibility to coordinate the conduct of activities supported by the RHC Pilot Program fund and to work with other entities included to maintain necessary records for participation.

As specified in **the** Rural Health Care Pilot Program proposal, the following entities agree to be individually responsible for their share of the costs of specified services included in the proposal:

- Southwest Alabama Mental Health & Mental Retardation Board, Ioc.
- East Central Mental Health & Mental Retardation, Inc.
- South Central Alabama Mental Health Board
- West Alabama Mental Health Center
- Charles Henderson Children's Center

Each entities Board of Directors has approved participation and upon award of the Rural Health Care Pilot Program funds, a formal agreement to proceed with the project will be prepared by Southwest Alabama Mental Health/Mental Retardation Board, Inc. legal services and signed by an authorized agent of each entity participating in the RHC Pilot Program.

We will fully **participate** in this grant project including committing matching funds. The funds being committed are in the form of a direct cash match **and** will be budgeted from the fund sources indicated by each entity **included** in the proposal.

Serving Clarke, Conecuh, Escambia and Monroe Communities Since 1972

Sincerely,

_____

Candace Harden, Director, SWAL Mental Health/Mental Retardation Board, Inc.

_____

Don Schofield, Executive Director, E Central Mental Health &Mental Retardation, Inc.

_____

Cynthia Hataway, Executive Director, South Central Alabama Mental Health Board, Inc.

_____

Kelley Parris-Barnes, Executive Director, West Alabama Mental Health Board

_____

Jimmy Floyd, Director, Charles Henderson Children's Center
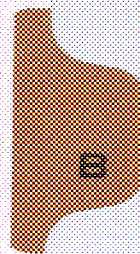
❖ *Identify the goals and objectives of the proposed network;*

Project Abstract

Our project seeks to establish a voice, video, and data Telehealth and Telemedicine collaboration between four rural Alabama community mental health care agencies, a children's community health center, and Internet2, a nationwide backbone provider along with a support and services relationship with the University of Alabama Birmingham (UAB) Children's Hospital, a nationally acclaimed, research and teaching institute and other medical universities via the Internet. The collaboration project will provide for the needs of the clients at 34 locations served within 16 of the most impoverished and medically underserved counties in the nation and Alabama. The participating community health and mental health care agencies have sites located in the following Alabama counties: Bullock, Butler, Choctaw, Clarke, Coffee, Conecuh, Covington, Crenshaw, Escamhia, Greene, Hale, Macon Marengo, Monroe, Pike, and Sumter.

Through the establishment of a secure broadband, easily upgradeable, 10Mbps – 100Mbps fiber WAN to **34** locations (10Mbps - 30 locations, 100Mbps - **4** locations) with voice, video and data transmission capabilities, Voice Over IP (VoIP) advanced telecommunications phone services, 3Mbps of Internet to all main agencies, and connectivity to Internet2, partners in the project will have the opportunity to benefit from advanced applications in continuing education and research. Additionally, participants will have the ability to maximize resources needed to enhance and extend direct client services, improve coordination of care between agencies, and extend the professional services resources currently taxed by poor retention by providing ongoing collaborative sustained professional development activities which are not readily available. Improving communication capabilities will allow more interaction among mental health care professionals and experts in the field as well as enhancing treatment options by extending the available professional resources through resource sharing and having current research available through the Internet 2. We feel strongly that collaboration through connectivity to enable use of collaborative tools and initiatives such as Telemedicine resources, electronic medical records, telepsychiatry, continuing medical education through distance learning and sharing professional training staff, and the sharing of professional skills and staff arc the answer for us in expanding and improving the quality of services we provide. In subsequent years we intend to continue to add partners to expand the network and collaborative efforts. We are committed to utilizing 21st Century available resources which will allow us to **"Bridge the Gaps: Connectivity, Telemedicine Services, Communication, and Professional Development."** There is a sever need for this project in this area of the State of Alabama if the cycle of poverty is to ever be broken as mental health issues are a major contributing factor that must be addressed in a much more comprehensive and effective way.
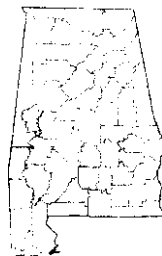
Goals and Objectives

Goal 1:

To increase equitable opportunity for mental health care services for rural Alabama residents by providing the necessary technology infrastructure and connectivity to other mental health and health care resources.

Objectives:

- o To provide secure connectivity for voice, video, and data collaboration between project mental health participants and provide access to mental health, pediatric, and health care resources over a secure WAN, the Internet, and Internet 2.
- o To utilize video conferencing to allow "face to face" interaction over the WAN between each facility within each participating agency to improve the quality of communications and share resources.
- o To increase treatment options not readily available in rural isolated areas of Alabama by utilizing Telehealth services *to* connect to other health care resources via Telemedicine.
- o To share treatment resources, including personnel, among the participating agencies to improve the quality of client care through the use of Telehealth and Telemedicine services.

Rationale:

Creating the WAN and securing necessary Telehealth resources and Telemedicine services will vastly improve patient care to one of the poorest regions in the nation. Participants will attain needed video conferencing equipment through local fund sources to utilize the WAN most effectively. The increased access to needed resources and services utilizing Telemedicine options, the Internet, and ability to share data systems will greatly help in "bridging the gap" that currently exists between rural isolated Alabama communities and those services available in more metropolitan areas of the state.

Goal 2:

To increase healthcare services not readily available to clients through the use of Telemedicine treatment options.

Objectives:

- To provide access for participating mental health agencies to share psychiatrists' services. Sharing psychiatric services among them would bridge the gap so all entities would have access to these services, particularly in crisis situations where the patient requires this level of treatment expertise.
- To provide access to the child psychiatrists and pediatric services at University of Alabama-Birmingham Children's Hospital since none of the participating health entities has a child psychiatrist on staff to provide this much needed service.

- To provide access to share specialized treatment options unique to each of the participating four mental health entities, the child health center, as well as the University of Alabama-Birmingham Children's Hospital such as staff with expertise including but not limited to hi-polar disorder, attention deficit, depression, anxiety attacks, suicide prevention, and stress related disorders.
- To allow clients to be provided services within their own community by taking advantage of video conferencing via Telemedicine capability rather than clients having to travel long distances.
- To provide psychiatric consultations for primary care physicians in rural areas to allow for improved coordination of care between psychiatrist, mental health therapist and primary care physician

Rationale
Due to the rurality of all counties within the participating health care Agencies, client treatment services are typically limited to those available at the local level. Currently only one of the participating mental health agencies has a full time psychiatrist on staff and only one other has a half time psychiatrist. Sharing of services provided by each of the participating agencies through Telemedicine will increase treatment options and improve client care. Video conferencing will allow treatment services to be delivered **to** the client in a manner that saves travel costs and time, as well as, allows the client to receive services in familiar surroundings which research indicates can positively impact the effectiveness of treatment delivery. Because of the travel distance to more comprehensive care available at larger urban hospitals, the more extensive treatment options are not typically possible for patients in these rural areas unless a Telemedicine option is provided.

Goal 3:
To improve patient care by providing a secure and efficient communications means for participating entities to share client information and medical records.

Objectives:

- To improve the timeliness of transferring client data as well as to meet HIPAA compliance by using the WAN to communicate within a secure network to electronically share confidential client records and information.
- To enhance communication capabilities through the use of voice, video and data transmission services allowing more frequent and secure interaction between entities, experts in the field, as well as clients receiving Telemedicine treatment services.
- To implement the first steps in developing an electronic records process to facilitate President Bush's goal of implementing Electronic Medical Records by 2014.

Rationale

Clients freauentlv move between service areas of the mental health entities and transfer of physical records typically occurs several days after the patient is transferred. Communicating securely utilizing voice, video, and data services through a secure WAN is the only way client records can be transferred without delay and meet HIPAA compliance. With the introduction of electronic record keeping, treatment providers have the advantage of having timely access to crucial information needed to continue treatment with little to no interruption. Currently, patients experience lapses in treatment because of the lag in transferring patient records between treatment facilities.

Goal 4:

To provide professional development opportunities for service providers in the participating health care entities not readily available without Telehealth and Telemedicine capabilities.

Obiectives:

- To fill the void which currently exists in providing required professional development to health workers by sharing expertise of personnel among the four mental health entities, the child health center, and utilizing the expertise of medical professionals at state medical universities and other educational resources via the Internet and Internet 2 .
- To develop an ongoing sustained plan of professional development through the use of Telemedicine resources which is not possible when long distance travel is required of personnel causing them not to be readily available to provide needed client services.
- To have on demand information to increase professional knowledge and skills available through archived information contained within Internet 2 services.
- To provide the ability to connect through the Internet to community high schools with ACCESS (Alabama Connecting Classrooms, Educators, and Students Statewide) distance learning equipment to deliver Telemedicine services onsite.
- To provide the ability for mental health programs with educational components to connect through the Internet to community high schools with ACCESS distance learning equipment to deliver educational services.

Rationale

Professional development opportunities are greatly needed among the rural health care entities. Having the ability to use Telemedicine capabilities exponentially is the only way to maximize training opportunities and expand staff skills to improve this limitation for providing high quality services. Establishing a network of local personnel with expertise to share via teleconferencing capabilities will expand the number of skilled providers and open new avenues for creating a community of learners resulting in better services for clients for the long term.
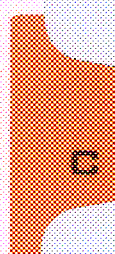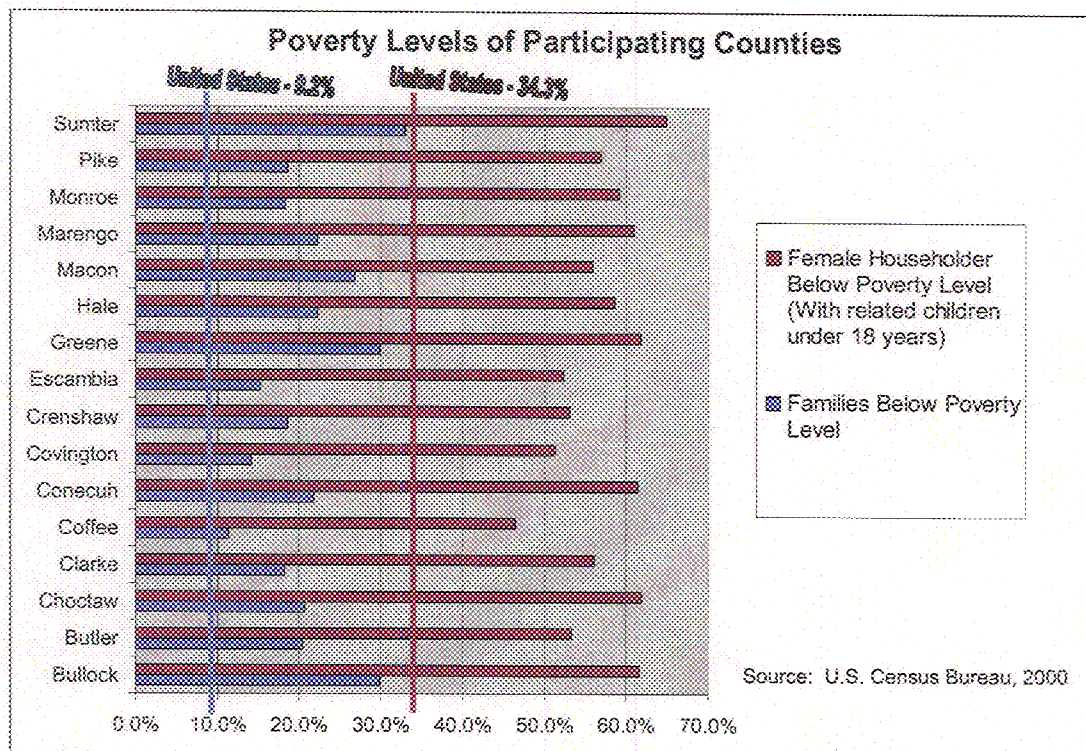
Needs and Benefits

The 16 Alabama counties participating in the "Bridge the Gaps" project struggle with providing sufficient mental health and child health services to a predominately rural population because of limited resources, poor retention of skilled personnel, distances between service providers, and poverty of the population served, as well as other factors plaguing other rural systems. An Institute of Medicine report titled *Quality through Collaboration: The Future of Rural Health* (2005), emphasizes the need for better care and collaboration and makes suggestions on increasing partnerships to better meet the needs of the rural communities. *The Mental Health and Rural America: 1994-2005* report prepared under contract for the US. Department of Health and Human Services, Health Resources and Services Administration, and the Office of Rural Health Policy also suggest that "New technology, such as telemedicine, can also help to fill some of the service gaps in rural communities." Our participating agencies have also reached the conclusion that there is a need to explore new strategies if we are to meet the needs of our underserved populations.

The lack of sufficient services impacts these communities to a greater degree because of their high poverty levels. Psychological research has shown that the many **stresses** poor people face-- due to a lack of acceptable housing, child care, work and health care--can negatively affect their psychological well-being, noted Bernice Lott, PhD, an emeritus professor at the University of Rhode Island. And, she added, often those same people don't have access to mental health services. Also noted, was children in low-income families start off with higher levels of antisocial behavior than children from more advantaged households (2004). In fact, according to the U.S. Congress (2002), child poverty is higher in rural areas, with half of all rural children, **(3.2** million) in female-headed households living in poverty. **As** shown by the following chart, these counties experience extremely high levels of both poverty and female-headed households living in poverty.

Poverty Levels of Participating Counties

Source: U.S. Census Bureau, 2000

Legend:
- Female Householder Below Poverty Level (With related children under 18 years)
- Families Below Poverty Level

Counties (top to bottom): Sumter, Pike, Monroe, Marengo, Macon, Hale, Greene, Escambia, Crenshaw, Covington, Conecuh, Coffee, Clarke, Choctaw, Butler, Bullock

While we can not reduce the poverty level, ensuring sufficient services are available when needed will enable this population to receive equitable services to eliminate this as yet another limiting factor in these peoples' lives.

The Mental Health and Rural America: 1994-2005 report states that "Demographics, economics and cultural values have a dynamic impact upon mental health and mental health care. The prevalence and incidence of adults with severe mental illnesses and children with serious emotional disturbances are not significantly different in rural and urban areas. What differs in rural America is the experience of individuals with mental illnesses and their families (Wagonfeld, et.al. 1994). Too often, that experience seems to result in higher suicide rates for both rural adults with mental illnesses and children with serious emotional disturbances (George Mason University, 2000).

The different experiences that rural persons with mental illnesses face are influenced by three factors (variables) that may prevent them from receiving the mental health care they need:

- Accessibility
- Availability
- Acceptability

These variables leave rural residents with mental health needs to: enter care later in the course of their disease than do their urban peers; enter care with more serious, persistent and disabling symptoms and require more expensive and intensive treatment response (Wagonfeld, et. al. ,1994)."

This project addresses all three of these factors by reducing the need for the population to travel to services, increasing **the** number of health care resources available to the population, and increasing the tools used to reach out to the community and provide mental health and health care education.

All counties being served in this project are classified as Medically Underserved due to the availability of health **care** resources in general, as well as, considered Mental Health Professional Shortage Areas **(see** Table 1). Alabama has 7.1 psychiatrists per 100,000 populations while other neighboring states have 8.1 and the nation has 13.7. Alabama has shortages of psychologists, social workers, and nurses who specialize in mental health in comparison to our neighbors and the nation (Powers, 2007). Further evidence of the mental health professional services shortage reveals the high need for providing Telemedicine to this impoverished area with few resources. "Empirical studies show that lower access to mental health services is directly related to lower availability or supply of mental health providers. (Lambert &Agger, 1995). Unlike the situation in general rural healthcare, specific federal strategies for sustaining a rural mental health infrastructure do not exists (e.g. Community and Migrant Health Care Programs, Critical Access Hospitals) (Mohatt, Bradley, Adams, & Morris (2005).

County	Index of Medical Underservice (IMU) Score	Medically Underserved Area (MUA) ID#	Mental Health - Health Professional Shortage Area (MH -HPSA) Score	MH-HPSA ID#
Bullock	29.3	00006	17	7019990113
Butler	42.5	00007	18	7019990115
Choctaw	27	00012	19	7019990108
Clarke	35.7	00013	18	7019990114
Coffee	60.9	00016	18	7019990115
Conecuh	27.1	00018	18	7019990114
Covington	54.8	00020	18	7019990115
Crenshaw	31.2	00021	18	7019990115
Escambia	53.5	00027	18	7019990114
Greene	31	00031	19	7019990108
Hale	24.8	00032	19	7019990108
Macon	28.1	00040	17	7019990113
Marengo	35.6	00041	19	7019990108
Monroe	33.5	00044	18	7019990114
Pike	33.1	00047	17	7019990113
Sumter	33.3	00052	19	7019990108

IMU Scores: According **to** the **US** Department of Health & Human Service (http:/ibhpr.hrsa.gov/shortage/muaguide.htm) **IMU** score of **62.0** or less qualifies (on a scale of 1 to 100) for designation as a **MUA.**

> **MH-HPSA Scores:** According to the US Department of Health & Human Service (http:/ibhpr.hrsa.gov/shortageihpsadictionary.htm) scores range from 1-25 and determine priority for assignment of clinicians. The higher the score, the greater the priority.

Table 1.

Of the participating rural agencies, only one has one full time psychiatrist and one other agency has a half time psychiatrist. An online needs assessment was completed by 42 key informants working in six of the Southwest Alabama counties in May 2005 concerning the need for various types of psychiatric services in their areas. At least 86% of respondents indicated it was extremely or critically important to have access to:

- Child psychiatric consultation for diagnoses
- Consultation for psychiatric medication management for children and adolescents
- Psychiatric consultation for the treatment of children and adolescents

When asked about receptiveness to the use **of** telemedicine to provide these services to children and adolescents 68% - *78%* were very or extremely receptive to the **use** of telemedicine for psychiatric treatment, psychological testing, psychiatric medication management, and psychiatric diagnosis (CATCH Survey, 2005)

By collaborating and utilizing telemedicine these counties will be able to share these limited resources and will have access to child psychiatrists and other specialties at UAB Children's Hospital. Additionally, they will be able to take advantage of this collaboration to share counselors, nurses, and other skilled health workers. Connectivity, collaboration and communication will serve as a multiplier that will greatly improve each of these counties' ability to serve their clients. Additionally, the University of South Alabama, who currently has a telemedicine capability, has also agreed to supply the supervision of Certified Pediatric Nurse Practitioners (CPNP) by distance learning for telemedicine, which would allow the participants to secure a CPNP even where they do not have a full time M.D. on staff.

Not only will this project improve access to psychiatrists and other health care workers desperately needed in these communities on a day to day basis, it will also enhance the health care community's ability to provide a rapid and coordinated response in the event of local or national crisis. A perfect example of how crisis situations significantly increase the need to be able to ramp up additional resources is the tornado that recently struck Enterprise, Alabama.

As reported in the FEMA-1687-DR-AL report completed by Acquanetta Knight for Coffee County, Alabama, dated March 16, 2007, Section C: Description of Crisis Counseling Needs and Special Circumstances reveals the **extensive need for immediate and continuing crisis counseling.** The report states that on Thursday, March 1, 2007, the city of Enterprise, Alabama experienced **death, injury, damage and destruction** in a category F3 tornado that cut an 8 mile path 200 years wide and 10 miles long with winds of 138 to 165 miles per hour. On March 3rd, President George Bush issued a Declaration of Disaster in Coffee County and other surrounding areas. The small knit community of **Enterprise was hit the hardest.** The city of Enterprise experienced devastating loss when **8 students were killed** at Enterprise High School. Not only did Enterprise experience the loss of life, **two of its schools and hundreds of homes were**

destroyed. Coffee County has not experienced such a destructive and powerful tornado since 1918.

The director of the South Central Alabama Mental Health Agency states that with the needs versus available staff, her agency cannot possibly meet all the needs that are current and continue to surface. Her staff, along with assistance of FEMA employees, are continuing to go door to door to identify those in need of mental health assistance to deal with the trauma experienced. She reports that many people are eagerly signing up to be provided mental health counseling; however, they cannot meet the needs due to a lack of available mental health providers. The three other mental health agencies participating in the project and the UAB Children's Hospital are pledging to provide counseling via video/voice conferencing if the resources needed are provided with assistance from this pilot program. The South Central Director states this is the most viable solution and would greatly increase her available resources. This was a national tragedy. It is highly important that the community be provided an opportunity to heal and move forward. Without **the** assistance of mental health Counseling services this will not be possible for many who experienced this traumatic event.

Below is **Section B: Need Assessment Formula** taken from this same report:

CMHS Needs Assessment Formula for
Estimating Disaster Mental Health Needs Disaster:
FEMA-1687-DR-AL

This is an estimate for the following disaster area: Coffee County

Date of Report: 3-16-07   Completed by Acquenetta Knight

Loss Categories	Number of Persons	ANH	Range Estimated	Total
Type of Loss	Number	Multiply by ANH[1]	At-Risk Multiplier	Number of persons targeted per loss category
Dead	9	2.5	100%	23
Hospitalized	109	2.5	35%	95
Non-hospitalized Injured	50	2.5	15%	19
Homes destroyed	291	2.5	100%	728
Homes "Major Damage"	169	2.5	35%	148
Homes	261	2.5	15%	98
Disaster Unemployed	1284	2.5	15%	482
Enterprise High School Students	1314	0	100%	1314
Hillcrest Elem	580	0	35%	203

Holly Hill Elem School Students	699	0	35%	245
Teachers at Enterprise High, Hillcrest & Holly Hill Elementary	133	**0**	15%	37

This table clearly shows how a crisis involving a single community can significantly impact the demand for mental health services. Therefore, having the ability to quickly access additional resources is critical and this access goes hand in hand with the need for effective communications.

A means to communicate effectively is needed to provide services each day and it is especially critical during times of crisis. Participating agencies being able to network with one another and other major health care providers will greatly increase opportunities to collaborate, share information, **serve** clients, and grow professionally. One specific area that needs improvement is the transfer of client records when clients move from one facility or neighboring or nearby county. Typically, when patients are transferred between facilities it can take days before their medical records follow. This causes delays and gaps in patient treatment since the gaining activity can not provide medications, etc., without the patient's records and history. By having a secure WAN with adequate bandwidth, the participants will have the ability to begin to implement electronic medical records which will greatly improve the timeliness of medical record transfers and will facilitate the goal of President Bush for e-record keeping by 2014. The inclusion of Voice Over IP (VoIP) advanced Telecommunications services will also improve communications between agencies by enabling voice communications across the secure WAN, allowing four digit dialing between agencies, and eliminating costly toll charges that hindered communication between agencies in the past. In addition to sharing information amongst them more effectively, participants will have access to specialized information and consulting with health care professionals at UAB Children's Hospital and other resources accessible with the video resources over the Internet such as the University of South Alabama Medical Center. Connectivity to the Internet2 will also be invaluable to rural Alabama health care providers that very often find themselves feeling isolated and inadequate to deal with medical and mental health needs of clients. Internet2 will provide these medical communities with access to the latest research and open the door to even more potential collaboration partners. Finally, the State of Alabama has made a commitment to have Distance Learning equipment available in all high schools in Alabama by 2010. This will allow the health agencies to communicate with students, providing valuable mental health services in the school setting via Telemedicine connectivity.

Improving communications and providing Telehealth solutions will help all of the participating agencies build capacity (staff both professional and para-professional) in their communities. Currently, they do not have access to the appropriate medical personnel, i.e., Adult Psychiatrist during a crisis or emergency; child Psychiatrist, geriatric Psychiatrist or linkage with crisis medical personnel. The Telehealth strategies that will be employed to improve communications

and share resources will go part way in meeting these needs but to further multiply the impact of this strategy the participants will also establish a sustained professional development program using Telemedicine distance learning.

Currently, participants lose valuable time with their skilled resources when they travel to urban areas to receive the required training.   Therefore, they need the ability to train staff regionally and share expertise. With a telemedicine capability and collaboration of training amongst the participants, training can be provided locally to larger numbers of personnel across the various counties. Even when specialized training requires travel outside of the area, only one professional staff member need travel when they use the train-the-trainer strategy to then train all others through the distance learning capability.

In addition to using resources connected to their network, participants will also be able to connect to other resources across the Internet and Internet2 and then share the training through their network. In fact, the participants have received commitments from the University of Alabama to provide distance learning education in the following areas:

- Train staff and families in various areas including music therapy.   This has proven to be particularly helpful with children and the geriatric population.
- To reserve two slots in the rural medical program for Primary Care Physicians to go in dual tracks (Family and Psychiatry) to assist with the healthcare crisis issues in the Black Belt. This could help fill the gap across the area with connectivity established. The sharing of M.D.'s and medical personnel could greatly lower the cost of healthcare delivery.

The Alabama school systems are also increasing their distance learning capabilities through Governor Bob Riley's new ACCESS (Alabama Connecting Classrooms, Educators, and Students Statewide) Distance Learning initiative which has a goal to have a distance learning capability in all High Schools by 2010. Enhanced and new programs such as preventive health services, counseling, awareness training, etc., will be able to be provided to students extending services and increasing awareness.

We must work together to "Bridge the Gaps" by taking advantage of the resources we can each contribute to better serve our rural communities. As Aung San **Suu** Kyi, a Burmese political leader said, *"We will surely get to our destination if we join hands.* "With technology as our tool and creativity as our **fuel,** we will join hands and reach our destination to provide equitable services to rural Alabama.

Resources:

Institute of Medicine (2005). *Quality Through Collaboration: The Future of Rural Health.* The Committee on the Future of Rural Health Care; Board on Health Care Services. The National Academies Press: Washington, D.C.

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Strohschein, **L.** Dr. (2006)http://www.sciencedaily.com/releases/2006/02/060206171449.htm

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❖ *Estimate the network's total costs for each year;*

	1st Year Pilot Program		2nd Year
	Monthly	**Annual**	**Annual**
10Mbps Voice, Video, and Data fiber WAN to 30 Remote Sites and 100Mbps Voice, Video, and Data fiber WAN to 4 Main Center Sites with 3Mbps of Internet to all main agencies			
Monthly Fee ($2,059 per location **x** 34 locations)	$70,006.00	$840,072.00	$840,072.00
One-Time Installation Fee ($36,030 per location **x** 34 locations)		$1,225,020.00	
Internet2 Annual Fee		$25,000.00	$25,000.00
Total Project Annual Cost		$2,090,092.00	$865,072.00
Participants Share (15%)		$313,513.80	*Participants will reapply in 2nd Year*
Pilot Program Funding (85%)		**$1,776,578.20**	*Participants will reapply in 2nd Year*

❖ _**Describe how for-profit network participants will pay their fair share of the**_
  **network costs;**

Not Applicable. There are no for-profit network participants in this project. All mental health agencies are public non-profit organizations and the Children's Center is a private non-profit organization.